

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/	/	/	/	51					
2	/	/	/	/	/	/	52					
3	5	/	/	/	/	/	53					
4	5	/	/	/	/	/	54					
5	5	/	/	/	/	/	55					
6	5	/	/	/	/	/	56					
7	5	/	/	/	/	/	57					
8	5	/	/	/	/	/	58					
9	5	/	/	/	/	/	59					
10	1	/	/	/	/	/	60					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					